Telemedicine or virtual consultations for older adults during the COVID-19 pandemic

To the Editor,

The COVID-19 pandemic has altered the delivery of clinical services because of infection prevention and control measures. Older people have a high rate of comorbidities and chronic diseases and require regular follow-up. They may be exposed to potential COVID-19 cases when physically visiting a clinic.

Virtual consultations or telemedicine is a potential solution to overcome these concerns. In a study of North California veterans, patients and clinicians were satisfied with the telemedicine experience that enables access to care during the COVID-19 pandemic, saves travel time and limits exposure to community spread.1 Patients were generally happy with virtual geriatric clinics as virtual consultations improved waiting list times, polypharmacy review, and hospitalisation rates.2 From a clinician’s perspective, the main limitation is the inability to perform a physical examination. However, this may be overcome by detailed history taking, which accounts for >80% of the diagnostic yield in outpatient clinics.3 This letter to the editor describes a pilot trial of telemedicine for geriatric medicine clinics in the RIPAS Hospital in Brunei.

During the second wave of COVID-19 in Brunei, all routine clinic appointments were cancelled. Medication prescriptions were automatically renewed by clinicians, and patients’ review dates were deferred. A pilot virtual clinic was set up for patients who were not able to wait too long for follow-up appointments. The Zoom platform was used, and the link for the appointment was sent to the patient’s or family member’s mobile phone. Six women and four men aged 71 to 94 (median, 83.1) years from the geriatric clinics (n=4), general medicine department for geriatrics follow-up (n=3), or emergency department and primary care (n=3) were included. All patients were care for by family members (mostly daughters) or hired caregivers. All patients were diagnosed as having dementia and its subtype after teleconsultation, except for two who required further assessment. One of the two had just recovered from delirium, whereas the other was treated for depression. Dementia subtypes included vascular dementia (n=3), Parkinson disease and dementia (n=3), Alzheimer disease (n=1), and frontotemporal dementia (n=1). Most patients had cardiovascular risk factors, especially hypertension (n=7), hyperlipidaemia (n=6), diabetes mellitus (n=3), and previous strokes (n=2). Three patients were able to walk unaided, two required assistance for mobility, two used a walking frame, and three were bedbound. Eight patients had previous falls. In terms of COVID-19 vaccination, six patients completed both doses of AstraZeneca (n=3) or Moderna (n=3), two were not vaccinated, one booked an appointment, and one had the first AstraZeneca dose.

Virtual consultations reduced the risk of exposure of patients, compared with in-person consultations. During Zoom consultations, test results and medication lists could be shared on screen while providing explanations. Although physical examination was not possible, function (such as mobility), behaviour, and environment of patients could be observed. For example, one patient was shouting at the start of the consultation but was seen to happily watch television and eat breakfast later. Some patients appeared more frail and lost weight, and thus dietary advice and referrals to a dietitian were facilitated. For patients with falls and mobility issues, environmental assessment and online tours of high-risk areas such as toilets and steps were performed. In a patient with advanced dementia, a family meeting was held with multiple family members joining to discuss goals of treatment and advance care planning. Self-management including home self-checking for blood pressure, glucose, and weight was encouraged, as was lower limb strengthening exercises and vaccination for COVID-19.

However, virtual consultations have limitations.
Some patients or caregivers preferred to wait for an in-person consultation. The main technical difficulty patients encountered was unmuting themselves or delayed connection of audio at the start of the consultation. Mobility assessment or review of certain body parts required carers to focus the camera well with steady hands. Physical examination such as auscultation was not possible. To attempt a limited neurological and cardiac assessment in a patient with cardiac failure, we asked a family member to move the patient’s limbs and to palpate the lower limbs for peripheral oedema.

Overall, virtual consultations facilitated review of patients, which generally required assistance by family members for technical difficulties. Despite a learning curve, telemedicine is an acceptable alternative to in-person consultation in geriatrics clinics. It is likely that virtual consultations will continue to complement in-person consultation, particularly in patients with limited mobility or transport means.

CONTRIBUTOR

The author designed the study, acquired the data, analysed the data, drafted the manuscript, and critically revised the manuscript for important intellectual content. The author had full access to the data, contributed to the study, approved the final version for publication, and takes responsibility for its accuracy and integrity.

CONFLICTS OF INTEREST

The author has disclosed no conflicts of interest.

FUNDING/SUPPORT

This study received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

DATA AVAILABILITY

All data generated or analysed during the present study are available from the corresponding author on reasonable request.

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